Eating Disorders and Body Dissatisfaction

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Bucks LGBTQ Center at Bucks Support Services
November 3, 2019
Introductions

- Name
- Pronouns / identities
- Who is in the room?
  - TGE knowledge
  - Eating disorder knowledge

Photo from: https://medium.com/trans-talk/faq-on-pronouns-trans-people-b501cb1f668f
Creating a Common Language
Anorexia

Bulimia

Binge Eating Disorder

Other Specific Food & Eating Disorder (OSFED)
Body Image

How people see themselves when they look in the mirror or when they picture themselves in their mind.

“What matters most is how you see yourself.”

Louie Bryan M. Lapat
Body Dissatisfaction

The discomfort and discontent felt about the body – as a whole or specific parts
Cisgender Body Privilege

The inherent benefits that certain groups of people have by being part of a majority group

- My body matches my gender identity
- I can find clothing and shoe sizes that fit me
- My appearance does not cause strangers to ask what my “real name” is or question my pronoun choices
- People do not stare at me or at my dress
- I can find a provider who knows how to meet my medical and clinical needs
Why this matters?

- Trans college students are diagnosed with bulimia or anorexia 4x more often than cis female peers.
- 70% of TGE patients surveyed have experienced discrimination in health care settings.
- Discrimination impacts body image, access to resources, and likelihood of asking for help.

Working at the intersection of...

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<thead>
<tr>
<th>Integrating Identities</th>
<th>Race</th>
<th>Religion</th>
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<td>National origin</td>
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<td>Sexual / affectional orientation</td>
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<td>Ethnicity</td>
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<td>Age</td>
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<td>Gender identity</td>
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<td>Education</td>
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<td>Health conditions</td>
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<td>Ability status</td>
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<td>Recovery status</td>
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<td>Body size</td>
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<td>Others?</td>
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ADVANCING EXCELLENCE IN TRANSGENDER HEALTH
The Clinical Picture

Gender dysphoria (GD), Identity-based trauma (IBT), & Eating disorders (ED)
Challenges Specific to TGE Clients

- More than 75% of TGE adolescents reported mistreatment in school, including verbal harassment, physical, & sexual assault

- Almost half of trans people report being sexually assaulted during their lifetime

- TGE youth report suicidal ideation rates around 42-46%, with approximately 32% attempting

- Gender / body dysphoria represents the distress related to living in a body that is incongruent with the internal gender identity, frequently coinciding with the desire to change the body and dissonance from gendered features (ie. Chest dysphoria, hip dysphoria, voice dysphoria)
Queering our Perspective on Body Image

Body Ownership  Body Acceptance  Body Obsessed / Preoccupied  Disturbed Body Image  Body Hate / Dissociation
Trans-Specific Body Image Challenges

The inherent benefits that certain groups of people have by being part of a majority group

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Queering our Perspective on Body Image

- Body Ownership
- Body Acceptance
- Body Obsessed / Preoccupied
- Disturbed Body Image
- Body Hate / Dissociation

- My teacher refuses to use my name
- No one will believe I'm a man with hips like these
- I will keep starving until the bleeding stops
- I'm terrified that I won't pass
- My parents won't let me wear a bra
- I will keep eating until I have no curves, just fat
Gender Minority Stress Model

EXTERNAL STRESSORS
- Gender-based victimization
- Gender-based discrimination
- Identity non-affirmation
- Gender-based rejection

INTERNAL STRESSORS
- Neg future expectations
- Identity nondisclosure
- Internalized transphobia

Eating Disorder (originally suicidal ideation)

Hendricks & Testa, (2012); Testa et al., (2017)
Queering our Perspective on Body Image
Our Approach:

Dalzell, Protos, & Hunt (2019)
How We Work with Body Image & EDs:

- Focus on body acceptance
- Emphasis on self-care
- Explore physical well-being
- Identify sources of pleasure
- Understand body cues
Core Beliefs:

1. Identity is on a continuum and the full spectrum of gender expression is healthy, encouraged, and respected

2. Living in a body that is not congruent with one’s gender identity can contribute to emotional distress

3. Navigating trauma, identity-based or otherwise, may increase stress levels

4. Clinicians need to create an intentionally inclusive space, engage in continuous self-reflection to address privilege, and maintain competency of practice

5. Advocacy is an essential component of this work

Dalzell, Protos, & Hunt (2019)
Implementing this Approach

Practical support for working with transgender and gender expansive clients

- Explore sources of support for TGE identity and eating disorder recovery
- Foster an environment in which clients feel respected in the uniqueness of their gender identities
- Value body diversity and expression
- Communicate understanding of gender expansiveness through use of language; own your mistakes
- Reject the gender binary; understand that gender is multidimensional
- Advocate for your clients as needed
Implementing this Approach

Practical support for working with transgender and gender expansive clients

- Recognize your own gender and body privilege
- Provide clients with space and reassurance to take their own gender journey, without an outcome in mind
- Be comfortable in discussing coming out and transition
- Accept that surgeries and other ways of affirming gender may be necessary for full body acceptance
- Partner with sources of support, such as eating disorder and trans health organizations
- When referring, assess whether programs honor diversity in body size and presentation (trans/non-binary)
Thank you!

Please contact us if you have additional questions

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